

2611124

9/21/2009 59250

1/1/10-12/31/10*CO BOARD*DUES

8,940.00

12/22/2009

\$8,940.00

2611124

EIGHT THOUSAND, NINE HUNDRED FORTY DOLLARS AND NO CENTS

NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



Date: 09/21/2009 ✓

Invoice #: 59250 ✓

ID: 0000171970

Will County
302 N Chicago St
Joliet, IL 60432-4078

REMITTANCE ADDRESS:

P.O. BOX 79007
Baltimore, MD 21279-0007
EIN# 53-0190321
Please Contact NACo with
questions about this charge at
(202)942.4291 / Fax: (202)393.2630

INVOICE

DATE	DESCRIPTION	AMOUNT
	County Membership Dues 01/01/2010 - 12/31/2010 <i>2010 Dues remain the same for a third year in a row per the NACo Board of Directors. Thank you for your membership in NACo!</i> <i>NACo Membership is a tremendous value! Take advantage of the many ways that NACo membership saves you money, time and resources including the NACo Prescription Drug Discount Card Program and Grants Resource Center. NACo even offers all publications free exclusively to our members! NACo's nationally bid cooperative purchasing programs can save members much more than their dues with just one purchase. NACo also offers County News, eNews, Conferences, Research, Training, and so much more!</i> <i>If you need additional information, please contact Ilene Manster, Membership Coordinator, at (202)942-4291 or e-mail lmanster@naco.org.</i>	
	Total:	\$8,940.00
	Less Amount Paid:	\$-0.00
	TOTAL	\$8,940.00 ✓

▼ PLEASE RETURN WITH PAYMENT ▼

9/25/2008 49313

2009 MEMBERSHIP-COUNTY BOARD

2580911

8,940.00

1/02/2009

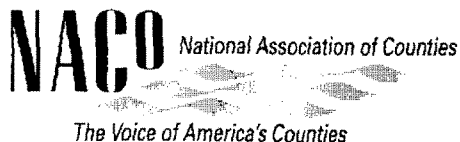
\$8,940.00

2580911

EIGHT THOUSAND, NINE HUNDRED FORTY DOLLARS AND NO CENTS

NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



DATE: 09/25/2008

INVOICE #: 49313 ✓

INVOICE

ID: 0000171970

Will County
302 North Chicago Street
County Board/County Office Building
Joliet, IL 60432-4078

REMITTANCE ADDRESS: P.O. BOX 79007
Baltimore, MD 21279-0007
EIN# 53-0190321
Please contact NACo for
questions about this charge at
202.942.4283 / Fax 202.661.8872

DATE	DESCRIPTION	AMOUNT
	<p>County Membership Dues</p> <p>01/01/2009 - 12/31/2009</p> <p><i>2009 Dues remain the same for a second year in a row per the NACo Board of Directors.</i></p> <p><i>NACo Membership is a Tremendous Value! Check out NACo's members only section of the web site at www.naco.org or call us at 202-393-NACo (6226) to see the many ways that NACo membership saves you money, time and resources including the new Prescription Drug Program and Grants Clearinghouse. NACo has even made all publications free to members! NACo's nationally bid cooperative purchasing programs can save members much more than their dues with just one purchase. NACo also offers County News, Conferences, Research, Training, and so much more.</i></p> <p>Total: \$8,940.00</p> <p>Less Amount Paid: \$-0.00</p>	<p>\$8,940.00 ✓</p>
TOTAL		\$8,940.00

2556030

2/05/2008 1-000013174 AD FOR COUNTY ENGINEER-2ND POS

400.00

3/12/2008

\$400.00

2556030

FOUR HUNDRED DOLLARS AND NO CENTS

NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



INVOICE

ID# 17197
 Fran Ruhl
 Will County
 302 North Chicago Street
 HR Administrator
 Joliet, IL 60432-4078

Invoice Date: 02/05/2008

Invoice #: 1-000013174 ✓

INVOICE #:

REMITTANCE ADDRESS:

National Association of Counties
 PO Box 79007

Baltimore, MD 21279-00087

REMITTANCE ADDRESS: PO BOX 79007

Baltimore, MD 21279-0007

EIN# 53-0190321

Please contact NACO for
 questions about this charge at
 202.942.4283 / Fax 202.661.8872

DATE	DESCRIPTION	AMOUNT
02/05/2008	Fran Ruhl Merchandise - County News Advertising Quantity: 1 Price: \$400.00 Job Ad Posted: County Engineer	\$400.00
	Invoice Total: Less Amount Pre-Paid:	\$400.00 (\$0.00)
	TOTAL	400.00
PLEASE RETURN BOTTOM PORTION WITH PAYMENT		
	TOTAL	

ID# 17197

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

Invoice Date: 02/05/2008

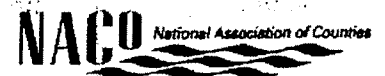
Invoice #: 1-000013174

DATE:

INVOICE #:

Fran Ruhl
 Will County
 302 North Chicago Street
 HR Administrator
 Joliet, IL 60432-4078

NACO
 P.O. BOX 79007
 BALTIMORE, MD 21279-0007



National Association of Counties
 PO Box 79007
 Baltimore, MD 21279-00087



2549725

12/19/2007 1-000012904 AD FOR COUNTY ENGINEER-HUMAN R

600.00

1/23/2008

\$600.00

2549725

SIX HUNDRED DOLLARS AND NO CENTS

NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



Invoice Date: 12/19/2007
DATE:

Invoice #: 1-000012904

INVOICE #:

REMITTANCE ADDRESS:

National Association of Counties

PO Box 79007

Baltimore, MD 21279-00087

REMITTANCE ADDRESS: PO BOX 79007

Baltimore, MD 21279-0007

EIN# 53-0190321

Please contact NACo for questions about this charge at 202.642.4283 / Fax 202.661.8872

ID# 17197

Fran Ruhl

Will County

302 North Chicago Street

HR Administrator

Joliet, IL 60448

DATE	DESCRIPTION	AMOUNT
DATE	DESCRIPTION	AMOUNT
12/19/2007	Fran Ruhl Merchandise - County News Advertising Quantity: 1 Price: \$600.00 Job Ad Posted: County Engineer	\$600.00 /
	Invoice Total:	\$600.00
	Less Amount Pre-Paid:	(\$0.00)
	TOTAL:	600.00
PLEASE RETURN BOTTOM PORTION WITH PAYMENT		
	TOTAL	

ID# 17197

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

Invoice Date: 12/19/2007

Invoice #: 1-000012904

DATE:

INVOICE #:

Fran Ruhl

Will County

302 North Chicago Street

HR Administrator

Joliet, IL 60448



National Association of Counties

PO Box 79007

Baltimore, MD 21279-00087

NACo

P.O. BOX 79007

BALTIMORE, MD 21279-0007



2548081

9/24/2007 5-000014248

2008 MEMBERSHIP-COUNTY BOARD

8,940.00

12/27/2007

\$8,940.00

2548081

EIGHT THOUSAND, NINE HUNDRED FORTY DOLLARS AND NO CENTS

NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



DATE: 09/24/2007

INVOICE #: 5-000014248 ✓

INVOICE

REMITTANCE ADDRESS: P.O. BOX 79007
Baltimore, MD 21279-0007
EIN# 53-0190321
Please contact NACo for
questions about this charge at
202.942.4283 / Fax 202.661.8872

17197

Will County
302 North Chicago Street
County Board/County Office Building
Joliet, IL 60432-4078

Pay 08

DATE	DESCRIPTION	AMOUNT
	County Membership Dues January 01, 2008 - December 31, 2008 The NACo Board of Directors has approved a dues freeze for 2008. The enclosed dues reflect the same amount as in 2007! NACo membership is a tremendous value! Check out NACo's members only section of the web site at www.naco.org or call us at 202-393-NACo (6226) to see the many ways that NACo membership saves you money, time and resources including the new Prescription Drug Program and Grants Clearinghouse. NACo has even made all publications free to members! NACo's nationally bid cooperative purchasing programs can save members much more than their dues with just one purchase, but NACo also offers County News, Conferences, Research, Training and so much more. If you need additional information about your invoice, please contact Emily Landsman, NACo's Membership Coordinator at (202) 942-4242.	\$8,940.00
	Less Amount Pre-Paid	\$0.00
TOTAL		\$8,940.00

2518714

9/22/2006 5-000011849 2007 MEMBERSHIP

8,940.00

1/03/2007

\$8,940.00

2518714

EIGHT THOUSAND, NINE HUNDRED FORTY DOLLARS AND NO CENTS

NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



INVOICE

DATE: 09/22/2006

INVOICE #: 5-000011849

REMITTANCE ADDRESS: P.O. Box 79007
Baltimore, Md 21279-0007
202-942-4283 • 202-661-8835
FAX# 53 0190321

17197

Will County
302 North Chicago Street
County Board/County Office Building
Joliet, IL 60432-4078

DATE	DESCRIPTION	AMOUNT
	County Membership Dues January 01, 2007 - December 31, 2007 NACo membership is a tremendous value! Check out NACo's members only section of the web site at www.naco.org or call us at 202-393-NACo (6226) to see the many ways that NACo membership saves you money, time and resources including the new Prescription Drug Program and Grants Clearinghouse. NACo has even made all publications free to members! NACo's nationally bid cooperative purchasing programs can save members much more than their dues with just one purchase, but NACo also offers County News, Conferences, Research, Training and so much more. NACo is the only national organization with a voice for our members on Capitol Hill to make sure the "county, parish and borough view" is heard and understood. If you need additional information about your invoice, please contact NACo's membership staff at 202-393-6226. Thank you	\$8,940.00
	Less Amount Pre-Paid	\$0.00
TOTAL		\$8,940.00

2487794

1/26/2006 101-40-026-07 NACO CONF.3/4-8/06 WASHINGTON

2,200.00

2/01/2006

\$2,200.00

2487794

TWO THOUSAND, TWO HUNDRED DOLLARS AND NO CENTS

NACO
P.O. BOX 12862
CONFERENCE REGIS CENTER
PHILADELPHIA PA 19101-0862



Legislative Conference

Registration Form

NACo 2006

March 4-8, 2006

Hilton Washington & Towers

Washington, DC

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

☐ Please check here if you DO NOT require hotel accommodations. If you DO require hotel accommodations, please complete the Hotel Reservation Form located on the back of this form.

*Last Name Maher

*First Name Charles

*Title _____

*Badge Name Commissioner Chuck Maher

*County/Organization Will County Board

Address 302 N Chicago St

*City Joliet

*State IL Zip Code 60432

Telephone 815-740-4602 Fax 815-740-8395

Email KWOZniak@willcountyillinois.com

☒ OPT OUT. Please check here if you do not want your information shared.

New to NACo?

(Please check any of the statements below that apply to you.)

☒ My county is a new NACo member ☐ This is my first NACo Conference

☐ I am a member of the _____ affiliate

Family/Guest Information (if applicable)

Spouse/Guest and Youth registration fees include admission to all General Sessions, the President's Reception and Monday Luncheon.

Spouse/Guest* Full Name _____

*If you are a County employee, you may not register as a guest.

Youth(s) Full Name _____

Special Services (check if applicable)

☐ Yes, I will require special assistance.



Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

Registration Fees (check box that applies)

	Early Bird Postmarked by 2/6	Advance 2/7-3/3	On-Site Washington, DC
NACo Board of Directors	<input checked="" type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo County Member	<input checked="" type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
State Association			
of Counties Staff	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690	<input type="checkbox"/> \$800
Corporate Non-Member	<input type="checkbox"/> \$765	<input type="checkbox"/> \$715	<input type="checkbox"/> \$825
Government (Federal or State employees only)	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press (Editorial staff only)	<input type="checkbox"/> Complimentary		

Advanced Leadership Training (ALT)

Pre-Conference Seminars

■ Saturday, March 4

ALT Pre-Conference Seminar #1 (9:00 a.m. - 3:30 p.m.)

Communicating with Impact: From Your County to Capitol Hill

Co-sponsored with The National Association of County Information Officers

Individual ☐ \$150 Team (3 or more) ☐ \$140 each

■ Sunday, March 5

ALT Pre-Conference Seminar #2 (9:00 a.m. - 12:00 noon)

Leading Change - It Takes More than the Bully Pulpit

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #3 (9:00 a.m. - 12:00 noon)

Building Consensus in Issues of Power, Disputes and Conflict

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4 (1:00 p.m. - 4:00 p.m.)

What Has the County Done for Me Lately? Reporting Your

Performance to a Skeptical Public

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5 (1:00 p.m. - 4:00 p.m.)

Protecting Your County from Fraud and Abuse

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

* Please note if you sign up for 2 half-day seminars, the cost is \$150 (same as a full day).

Total Amount Due: _____

Payment Method (select one)

☒ Check

☐ PO

☐ VISA

☐ MasterCard

☐ American Express

Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

Your signature authorizes NACo to charge your credit card for the total amount due.

Payment Policy

Conference registration fee must accompany this form. Send check, voucher, or company purchase order, made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only HOLD a registration. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

Cancellation Policy

Refund of Conference registration fee, less an administrative fee of \$50 will be made if written notice of conference registration cancellation is postmarked no later than February 7, 2006. Cancellation requests of any registration postmarked February 7-27, 2006 will be subject to an administrative fee equal to one-half of the registration fee.

NO REFUND REQUESTS WILL BE HONORED for registrations canceled after February 27, 2006 or for "no-shows". Sorry, no telephone cancellations can be accepted.

Please return your completed conference registration form to:

NACo Conference Registration Center, PO Box 12862

Philadelphia, PA 19101-0862

Or fax your completed forms to: (919) 882-1570

On-Line Registration Available at: www.naco.org - Questions? Please Call: (866) 503-4369



Legislative Conference

Registration Form

NACo 2006

March 4-8, 2006

Hilton Washington & Towers

Washington, DC

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

☐ Please check here if you DO NOT require hotel accommodations. If you DO require hotel accommodations, please complete the Hotel Reservation Form located on the back of this form.

*Last Name Moustis

*First Name James

*Title County Board Chairman

*Badge Name County Board Chairman James Moustis

*County/Organization Will County Board

Address 302 N Chicago St

*City Joliet

*State IL Zip Code 60432

Telephone 815-740-4602 Fax 815-740-8395

Email kw2niak@willcountyilinois.com

☒ OPT OUT. Please check here if you do not want your information shared.

New to NACo?

(Please check any of the statements below that apply to you.)

☒ My county is a new NACo member ☐ This is my first NACo Conference

☐ I am a member of the _____ affiliate

Family / Guest Information (if applicable)

Spouse/Guest and Youth registration fees include admission to all General Sessions, the President's Reception and Monday Luncheon.

Spouse/Guest* Full Name _____

* If you are a County employee, you may not register as a guest.

Youth(s) Full Name _____

Special Services (check if applicable)

☐ Yes, I will require special assistance.



Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

Registration Fees (check box that applies)

	Early Bird Postmarked by 2/6	Advance 2/7-3/3	On-Site Washington, DC
NACo Board of Directors	<input checked="" type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo County Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
State Association			
of Counties Staff	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690	<input type="checkbox"/> \$800
Corporate Non-Member	<input type="checkbox"/> \$765	<input type="checkbox"/> \$715	<input type="checkbox"/> \$825
Government	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
(Federal or State employees only)			
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press	<input type="checkbox"/> Complimentary		
(Editorial staff only)			

Advanced Leadership Training (ALT)

Pre-Conference Seminars

■ Saturday, March 4

ALT Pre-Conference Seminar #1 (9:00 a.m. - 3:30 p.m.)

Communicating with Impact: From Your County to Capitol Hill

Co-sponsored with The National Association of County Information Officers

Individual ☐ \$150 Team (3 or more) ☐ \$140 each

■ Sunday, March 5

ALT Pre-Conference Seminar #2 (9:00 a.m. - 12:00 noon)

Leading Change - It Takes More than the Bully Pulpit

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #3 (9:00 a.m. - 12:00 noon)

Building Consensus in Issues of Power, Disputes and Conflict

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4 (1:00 p.m. - 4:00 p.m.)

What Has the County Done for Me Lately? Reporting Your

Performance to a Skeptical Public

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5 (1:00 p.m. - 4:00 p.m.)

Protecting Your County from Fraud and Abuse

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

* Please note if you sign up for 2 half-day seminars, the cost is \$150 (same as a full day).

Total Amount Due: _____

Payment Method (select one)

☒ Check

☐ PO



Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

Your signature authorizes NACo to charge your credit card for the total amount due.

Payment Policy

Conference registration fee must accompany this form. Send check, voucher, or company purchase order, made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only HOLD a registration. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

Cancellation Policy

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Please return your completed conference registration form to:

NACo Conference Registration Center, PO Box 12862

Philadelphia, PA 19101-0862

Or fax your completed forms to: (919) 882-1570

On-Line Registration Available at: www.naco.org - Questions? Please Call: (866) 503-4369



Legislative Conference

Registration Form

NACo 2006

March 4-8, 2006

Hilton Washington & Towers

Washington, DC

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

☐ Please check here if you DO NOT require hotel accommodations. If you DO require hotel accommodations, please complete the Hotel/Reservation Form located on the back of this form.

*Last Name Woods

*First Name Margie

*Title _____

*Badge Name Commissioner Margie Woods

*County/Organization Will County Board

Address 302 N Chicago St

*City Joliet

*State IL Zip Code 60432

Telephone 815-740-4602 Fax 815-740-8395

Email KWozniak@willcountyillinois.com

☒ OPT OUT. Please check here if you do not want your information shared.

New to NACo?

(Please check any of the statements below that apply to you.)

☒ My county is a new NACo member ☐ This is my first NACo Conference

☐ I am a member of the _____ affiliate

Family/Guest Information (if applicable)

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Spouse/Guest* Full Name _____

* If you are a County employee, you may not register as a guest.

Youth(s) Full Name _____

Special Services (check if applicable)

☒ Yes, I will require special assistance.



Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

Registration Fees (check box that applies)

	Early Bird Postmarked by 2/6	Advance 2/7-3/3	On-Site Washington, DC
NACo Board of Directors	<input checked="" type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
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State Association			
of Counties Staff	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690	<input type="checkbox"/> \$800
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Government	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
(Federal or State employees only)			
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press	<input type="checkbox"/> Complimentary		
(Editorial staff only)			

Advanced Leadership Training (ALT)

Pre-Conference Seminars

■ Saturday, March 4

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Protecting Your County from Fraud and Abuse

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

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Payment Method (select one)

☒ Check

☐ PO



Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

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Philadelphia, PA 19101-0862

Or fax your completed forms to: (919) 882-1570

On-Line Registration Available at: www.naco.org - Questions? Please Call: (866) 503-4369

Legislative Conference Registration Form

NACo 2006 March 4-8, 2006 | **Hilton Washington & Towers** | **Washington, DC**

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

☐ Please check here if you DO NOT require hotel accommodations. If you DO require hotel accommodations, please complete the Hotel Reservation Form located on the back of this form.

*Last Name Stewart

*First Name Frank

*Title _____

*Badge Name Commissioner Frank Stewart

*County/Organization Will County Board

Address 302 N Chicago St

*City Joliet

*State IL Zip Code 60432

Telephone 815-740-4602 Fax 815-740-8395

Email kwozniak@willcountyillinois.com

☒ **OPT OUT:** Please check here if you do not want your information shared.

New to NACo?

(Please check any of the statements below that apply to you.)

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Registration Fees (check box that applies)

	Early Bird Postmarked by 2/6	Advance 2/7-3/3	On-Site Washington, DC
NACo Board of Directors	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo County Member	<input checked="" type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
State Association			
of Counties Staff	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690	<input type="checkbox"/> \$800
Corporate Non-Member	<input type="checkbox"/> \$765	<input type="checkbox"/> \$715	<input type="checkbox"/> \$825
Government	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
(Federal or State employees only)			
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press	<input type="checkbox"/> Complimentary		
(Editorial staff only)			

Advanced Leadership Training (ALT)

Pre-Conference Seminars

■ Saturday, March 4

ALT Pre-Conference Seminar #1 (9:00 a.m. - 3:30 p.m.)

Communicating with Impact: From Your County to Capitol Hill
Co-sponsored with The National Association of County Information Officers
Individual ☐ \$150 Team (3 or more) ☐ \$140 each

■ Sunday, March 5

ALT Pre-Conference Seminar #2 (9:00 a.m. - 12:00 noon)

Leading Change - It Takes More than the Bully Pulpit
Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #3 (9:00 a.m. - 12:00 noon)

Building Consensus in Issues of Power, Disputes and Conflict
Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4 (1:00 p.m. - 4:00 p.m.)

What Has the County Done for Me Lately? Reporting Your Performance to a Skeptical Public

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5 (1:00 p.m. - 4:00 p.m.)

Protecting Your County from Fraud and Abuse

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

* Please note if you sign up for 2 half-day seminars, the cost is \$150 (same as a full day).

Total Amount Due: _____

Payment Method (select one)

☒ Check

☐ PO

☐ VISA

☐ MasterCard

☐ American Express

Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

Your signature authorizes NACo to charge your credit card for the total amount due.

Payment Policy

Conference registration fee must accompany this form. Send check, voucher, or company purchase order, made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only HOLD a registration. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

Cancellation Policy

Refund of Conference registration fee, less an administrative fee of \$50 will be made if written notice of conference registration cancellation is postmarked no later than February 7, 2006. Cancellation requests of any registration postmarked February 7-27, 2006 will be subject to an administrative fee equal to one-half of the registration fee.

NO REFUND REQUESTS WILL BE HONORED for registrations canceled after February 27, 2006 or for "no-shows". Sorry, no telephone cancellations can be accepted.

Please return your completed conference registration form to:

NACo Conference Registration Center, PO Box 12862

Philadelphia, PA 19101-0862

Or fax your completed forms to: (919) 882-1570

On-Line Registration Available at: www.naco.org - Questions? Please Call: (866) 503-4369



Legislative Conference

Registration Form

NACo 2006

March 4-8, 2006

Hilton Washington & Towers

Washington, DC

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

☐ Please check here if you DO NOT require hotel accommodations. If you DO require hotel accommodations, please complete the Hotel Reservation Form located on the back of this form.

*Last Name Friefeld

*First Name Bruce

*Title County Board Chief of Staff

*Badge Name County Board Chief of Staff Bruce

*County/Organization Will County Board Friefeld

Address 302 N Chicago St

*City Joliet

*State IL Zip Code 60432

Telephone 815-740-4602 Fax 815-740-8395

Email kwozniak@willcountyillinois.com

☒ OPT OUT: Please check here if you do not want your information shared.

New to NACo?

(Please check any of the statements below that apply to you.)

☐ My county is a new NACo member ☐ This is my first NACo Conference

☐ I am a member of the _____ affiliate

Family/Guest Information (if applicable)

Spouse/Guest and Youth registration fees include admission to all General Sessions, the President's Reception and Monday Luncheon.

Spouse/Guest* Full Name _____

*If you are a County employee, you may not register as a guest.

Youth(s) Full Name _____

Special Services (check if applicable)

☐ Yes, I will require special assistance.



Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

Registration Fees (check box that applies)

	Early Bird Postmarked by 2/6	Advance 2/7-3/3	On-Site Washington, DC
NACo Board of Directors	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo County Member	<input checked="" type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
State Association			
of Counties Staff	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690	<input type="checkbox"/> \$800
Corporate Non-Member	<input type="checkbox"/> \$765	<input type="checkbox"/> \$715	<input type="checkbox"/> \$825
Government	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
(Federal or State employees only)			
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press	<input type="checkbox"/> Complimentary		
(Editorial staff only)			

Advanced Leadership Training (ALT)

Pre-Conference Seminars

■ Saturday, March 4

ALT Pre-Conference Seminar #1 (9:00 a.m. - 3:30 p.m.)

Communicating with Impact: From Your County to Capitol Hill
Co-sponsored with The National Association of County Information Officers
Individual ☐ \$150 Team (3 or more) ☐ \$140 each

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Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #3 (9:00 a.m. - 12:00 noon)

Building Consensus in Issues of Power, Disputes and Conflict
Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4 (1:00 p.m. - 4:00 p.m.)

What Has the County Done for Me Lately? Reporting Your Performance to a Skeptical Public

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5 (1:00 p.m. - 4:00 p.m.)

Protecting Your County from Fraud and Abuse

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

* Please note if you sign up for 2 half-day seminars, the cost is \$150 (same as a full day).

Total Amount Due: _____

Payment Method (select one)

☒ Check

☐ PO



Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

Your signature authorizes NACo to charge your credit card for the total amount due.

Payment Policy

Conference registration fee must accompany this form. Send check, voucher, or company purchase order, made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only HOLD a registration. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

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Please return your completed conference registration form to:

NACo Conference Registration Center, PO Box 12862

Philadelphia, PA 19101-0862

Or fax your completed forms to: (919) 882-1570

On-Line Registration Available at: www.naco.org • Questions? Please Call: (866) 503-4369

2481078

10/16/2005 126-294-01
10/16/2005 126-294-01

REGIS FLESSNER, SUSAN
REGIS - FERA, PATRICIA

390.00
390.00

10/26/2005

\$780.00

2481078

SEVEN HUNDRED EIGHTY DOLLARS AND NO CENTS

NACO
P.O. BOX 79691
BALTIMORE

MD 21279-0691

Health, Human Services and Workforce Conference
November 17 - 19, 2005
Hilton San Francisco - San Francisco, CA

126-244-01
10/16/05

Please type or print clearly all information requested below. Information with an asterisk (*) will appear on your Conference badge. Please make a copy of this form for your records.

*Last Name Flessner *First Name SUSAN
*Nick Name _____ *Title Administrative MANAGER
*County/Organization WorkForce Services Division of Will County
Address 1115 Plainfield Road
City Joliet State IL Zip 60435
Tel 815-727-4444 Fax 815-727-6008
Email SFlessner@willcountyillinois.com

Please indicate your specific area(s) of interest:

☐ Human Services ☒ Workforce Development ☐ Health ☐ Community & Economic Development

Please attach a separate sheet outlining any special needs (i.e.: vegetarian, wheelchair).

REGISTRATION FEES

	Early Bird Postmarked by Oct. 21	Advance Oct. 21 - Nov. 16	On-Site In San Francisco
Member	<u>\$390</u>	\$440	\$590
Non-Member County	\$490	\$540	\$690
NACo Corporate Member	\$390	\$440	\$590
Government	\$440	\$490	\$640
(Federal or State Employees Only)			
Private Sector	\$515	\$565	\$715
Spouse/Youth	\$100	\$115	\$165
Spouse/Youth NAME: _____			

PAYMENT INFORMATION

The Conference Registration fee **MUST** accompany this form and **MUST** be received before your registration can be processed. You may reserve your registration with a voucher or county purchase order made payable to the National Association of Counties. However, a purchase order will only hold your registration. All fees must be paid in order to obtain your badge and event tickets at the Conference. Registration fees include all sessions and functions that are a part of the Official Program. Registration fees *do not* include transportation or hotel accommodations.

Select One: ☐ Check ☒ PO or Voucher ☐ MasterCard ☐ Visa
☐ AMEX ☐ Discover
Card Number: _____ Expiration Date: _____
Cardholder's Name: _____

MAIL or FAX YOUR COMPLETED FORM TO:
NACo

Any Questions? Please call (202) 393-6226.

P.O. Box 79691 Baltimore, Maryland 21279-0691 Fax: (202) 737-0480

Health, Human Services and Workforce Conference
November 17 - 19, 2005
Hilton San Francisco - San Francisco, CA

126-294-02

10/16/05

Please type or print clearly all information requested below. Information with an asterisk (*) will appear on your Conference badge. *Please make a copy of this form for your records.*

*Last Name FERA *First Name PAT
*Nick Name _____ *Title MANAGER
*County/Organization WorkForce Investment Board of Will County
Address 57 N. Ottawa St, Suite 514
City Joliet State IL Zip 60432
Tel 815-727-5670 Fax 815-727-5669
Email PFERA@willcountyillinois.com

Please indicate your specific area(s) of interest:

☐ Human Services ☒ Workforce Development ☐ Health ☐ Community & Economic Development

Please attach a separate sheet outlining any special needs (i.e.: vegetarian, wheelchair).

REGISTRATION FEES

	Early Bird <i>Postmarked by Oct. 21</i>	Advance <i>Oct. 21 - Nov. 16</i>	On-Site <i>In San Francisco</i>
Member	<u>\$390</u>	\$440	\$590
Non-Member County	\$490	\$540	\$690
NACo Corporate Member	\$390	\$440	\$590
Government <i>(Federal or State Employees Only)</i>	\$440	\$490	\$640
Private Sector	\$515	\$565	\$715
Spouse/Youth	\$100	\$115	\$165
Spouse/Youth NAME:			

PAYMENT INFORMATION

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Select One: ☐ Check ☐ PO or Voucher ☐ MasterCard ☐ Visa
☐ AMEX ☐ Discover

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

MAIL or FAX YOUR COMPLETED FORM TO:
NACo

Any Questions? Please call (202) 393-6226.

P.O. Box 79691 Baltimore, Maryland 21279-0691 Fax: (202) 737-0480

2487389

9/23/2005 5-000009520 2006 MEMBERSHIP-COUNTY BRD

7,637.00

1/25/2006

\$7,637.00

2487389

SEVEN THOUSAND, SIX HUNDRED THIRTY SEVEN DOLLARS AND NO CENTS

NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



INVOICE

DATE: 09/23/2005 ✓

INVOICE #: 5-000009520 ✓

REMITTANCE ADDRESS: P.O. Box 79007
Baltimore, Md 21279-0007
202-942-4293 • 202-661-8835
EIN# 53-0190321

17197

Will County
302 North Chicago Street
County Board/County Office Building
Joliet, IL 60432-4078

DATE	DESCRIPTION	AMOUNT
	County Membership Dues January 01, 2006 - December 31, 2006 NACo membership is a tremendous value! Check out NACo's members only section of the web site at www.naco.org or call us at 202-393-NACo (6226) to see the many ways that NACo membership saves you money, time and resources including the new Prescription Drug Program and Grants Clearinghouse. NACo has even made all publications free to members! NACo's nationally bid cooperative purchasing programs can save members much more than their dues with just one purchase, but NACo also offers County News, Conferences, Research, Training and so much more. NACo is the only national organization with a voice for our members on Capitol Hill to make sure the "county, parish and borough view" is heard and understood. If you need additional information about your invoice, please contact NACo's membership staff at 202-393-6226. Thank you	\$7,637.00 ✓
	Less Amount Pre-Paid	\$0.00
TOTAL		\$7,637.00 ✓

2478753

9/21/2005 101-40-264-01 11/17-19/05 NACO HEALTH, HUMAN

780.00

9/28/2005

\$780.00

2478753

SEVEN HUNDRED EIGHTY DOLLARS AND NO CENTS

NACO
P.O. BOX 79691
BALTIMORE

MD 21279-0691

NACo's 2005 Health, Human Services and Workforce Conference

New Orleans, Louisiana

November 17-19, 2005

Conference Registration Form

Please type or print clearly all information requested below. Information with an asterisk (*) will appear on your Conference badge. Please make a copy of this form for your records.

*Last Name Stewart *First Name Frank
*Nick Name _____ *Title _____
*County/Organization Will County Board
Address 320 N. Chicago Street
City Joliet State IL Zip 60432
Tel 815-740-4602 Fax 815-740-8395
Email kwozniak@willcountyillinois.com,

Please indicate your specific area(s) of interest.

- ☐ Human Services
☐ Workforce Development
☐ Health
☐ Community & Economic Development

Please attach a separate sheet outlining any special needs (i.e.: vegetarian, wheelchair).

- ☐ I will require special assistance ...

Registration Fees ...

	Early Bird Postmarked by Oct. 21	Advance Oct. 21 - Nov. 16	On-Site in New Orleans
County Member	<input checked="" type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$590
Non-Member County	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$690
NACo Corporate			
Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$590
Government (Federal or State Employees Only)	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$640
Non-Member Corporate	<input type="checkbox"/> \$515	<input type="checkbox"/> \$565	<input type="checkbox"/> \$715
Spouse	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165
Youth	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165

Payment Information ...

The Conference Registration fee **MUST** accompany this form and **MUST** be received before your registration can be processed. You may reserve your registration with a voucher or county purchase order made payable to the National Association of Counties. However, a purchase order will only hold your registration. All fees must be paid in order to obtain your badge and registration materials at the Conference.

Registration fees include all sessions and functions that are a part of the Official Program. Registration fees **do not** include transportation or hotel accommodations.

Select One:

- ☒ Check ☐ PO or Voucher ☐ MasterCard
☐ Visa ☐ AMEX ☐ Discover

Card Number _____

Expiration Date _____

Cardholder's Name _____

(NACo is authorized to charge your credit card for the total amount due.)

Mail or Fax Your Completed Form To:

NACo
P.O. Box 79691
Baltimore, Maryland 21279-0691
Fax: (202) 737-0480

Any Questions? Please call (202) 393-6226.
Visit www.naco.org for up-to-date conference information.

NACo's 2005 Health, Human Services and Workforce Conference

New Orleans, Louisiana

November 17-19, 2005

Conference Registration Form

Please type or print clearly all information requested below. Information with an asterisk (*) will appear on your Conference badge. Please make a copy of this form for your records.

*Last Name Woods *First Name Margie
 *Nick Name _____ *Title _____
 *County/Organization Will County Board
 Address 320 N. Chicago Street
 City Joliet State IL Zip 60432
 Tel 815-740-4602 Fax 815-740-8395
 Email kwozniak@willcountyillinois.com

Please indicate your specific area(s) of interest.

- ☐ Human Services
☐ Workforce Development
☐ Health
☐ Community & Economic Development

Please attach a separate sheet outlining any special needs (i.e.: vegetarian, wheelchair).

☒ I will require special assistance ...

Registration Fees ...

	Early Bird Postmarked by Oct. 21	Advance Oct. 21 - Nov. 16	On-Site In New Orleans
County Member	<input checked="" type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$590
Non-Member County	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$690
NACo Corporate Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$590
Government (Federal or State Employees Only)	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$640
Non-Member Corporate	<input type="checkbox"/> \$515	<input type="checkbox"/> \$565	<input type="checkbox"/> \$715
Spouse	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165
Youth	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165

Payment Information ...

The Conference Registration fee **MUST** accompany this form and **MUST** be received before your registration can be processed. You may reserve your registration with a voucher or county purchase order made payable to the National Association of Counties. However, a purchase order will only hold your registration. All fees must be paid in order to obtain your badge and registration materials at the Conference.

Registration fees include all sessions and functions that are a part of the Official Program. Registration fees **do not** include transportation or hotel accommodations.

Select One:

- ☒ Check ☐ PO or Voucher ☐ MasterCard
☐ Visa ☐ AMEX ☐ Discover

Card Number _____

Expiration Date _____

Cardholder's Name _____

(NACo is authorized to charge your credit card for the total amount due.)

Mail or Fax Your Completed Form To:

NACo
 P.O. Box 79691
 Baltimore, Maryland 21279-0691
 Fax: (202) 737-0480

Any Questions? Please call (202) 393-6226.
Visit www.naco.org for up-to-date conference information.

2470321

5/24/2005 101-40-144-01 NACO CONF./EXPO 7/15-19/05,TRA

415.00

6/08/2005

\$415.00

2470321

FOUR HUNDRED FIFTEEN DOLLARS AND NO CENTS

NACO
P.O. BOX 12862
CONFERENCE REGIS CENTER
PHILADELPHIA PA 19101-0862

CONFERENCE REGISTRATION FORM

July 15-19, 2005 • Hawai'i Convention Center • City and County of Honolulu • Honolulu, Hawai'i



☐ **HOTEL RESERVATIONS**—Please check this box if you will NOT require hotel accommodations. If you DO require housing, complete the hotel form on the back of this form. Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Make a copy of this form for your records.

*Last Name Trans
 *First Name Henry
 *Nick Name _____
 *Title _____
 *Country/Organization Will County
 Address 302 N. Chicago St.
 City Joliet *State IL Zip Code 60432
 Telephone: (815) 740-4602 Fax (815) 740-8395
 Email kwozniak@willcountyillinois.com

Please provide your email address to receive a quick confirmation!

☐ **OPT OUT** Please check here if you do not want your information shared.

SPECIAL SERVICES

☐ Please check here if you require any special assistance. If you do require any special assistance, please attach a separate sheet of paper outlining your needs.

SPOUSE/GUEST INFORMATION

Last Name Trans First Name Esther
 *If you are a County employee, you may not register as a guest.

YOUTH INFORMATION

Last Name _____ First Name _____
 *Spouse/Guest and Youth registration fees include admission to all General Sessions, the Conference-Wide Forum, the Exhibits Hall Luncheon, and the Inaugural Gala.

REGISTRATION FEES

CHECK BOX THAT APPLIES

	EARLY BIRD Registered by 6/17	ADVANCE Received between 6/18 and 7/14	ON-SITE in Honolulu
NACo County Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
NACo Board of Directors	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
State Association of Counties STAFF	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
County Non-member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590	<input type="checkbox"/> \$700
Corporate Non-member	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615	<input type="checkbox"/> \$725
Government (Federal or State Employees Only)	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press (must be editorial staff)	<input type="checkbox"/> Complimentary		

NEW! You may purchase single tickets for the Conference-Wide Events for \$50 each.

of Tickets: _____ @ \$50 each. Total Cost: \$_____ SUB-TOTAL DUE: \$_____

ADVANCED LEADERSHIP TRAINING (ALT)

Get an early start with NACo's Advanced Leadership Training (ALT). Pre-Conference Seminars! Your leadership is our business! Our half-day and full-day pre-conference seminars focus on essential leadership concepts and skills that help you guide your county through these difficult times. Please circle the appropriate Seminar rate you wish to attend.

- ALT Pre-Conference Seminar # 1: Budgeting for Outcomes That Citizens Value**
 Co-sponsored with NACIO - The National Association of Public Information Officers
 Friday, July 15, 8:30 a.m. - 3:30 p.m. (full day)
 Individual ☐ \$150
 Team (3 or more) ☐ \$140 each
- ALT Pre-Conference Seminar # 2: Achieving and Sustaining Superior County Leadership Performance**
 Saturday, July 16, 8:30 a.m. - 11:30 a.m. (half day)
 Individual ☐ \$95
 Team (3 or more) ☐ \$85 each
- ALT Pre-Conference Seminar # 3: Functional Service Consolidation: Options and Strategies**
 Saturday, July 16, 8:30 a.m. - 11:30 a.m. (half day)
 Individual ☐ \$95
 Team (3 or more) ☐ \$85 each
- ALT Pre-Conference Seminar #4: Vive La Difference! Understanding and Adapting to Differences in Leadership/Management Styles**
 Saturday, July 16, 12:30 p.m. - 3:30 p.m. (half day)
 Individual ☐ \$95
 Team (3 or more) ☐ \$85 each
- ALT Pre-Conference Seminar #5: Redefining the Future of County Governments: Your Role as Change Agent**
 Saturday, July 16, 12:30 p.m. - 3:30 p.m. (half day)
 Individual ☐ \$95
 Team (3 or more) ☐ \$85 each

* Please note if you enroll for 2 half-day seminars, the cost is \$150 (same as a full day).

SUB-TOTAL DUE: \$_____

TOTAL AMOUNT DUE: \$_____

(Registration fees, plus Conference-Wide Forum tickets, plus ALT if applicable)

PAYMENT

Conference Registration fee MUST accompany this form. Send check, voucher or company purchase order. **MADE PAYABLE TO THE NATIONAL ASSOCIATION OF COUNTIES.** A purchase order will only hold your registration. All fees must be paid in order to obtain your badge and tickets at the Conference.

Please select one: ☐ Check ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover ☐ Purchase Order/Voucher
 Card Number: _____ Exp. Date: _____
 Signature: _____
 (Your signature authorizes NACo to charge your credit card for the total amount due)

PLEASE HELP US PLAN FOR THE SPECIAL EVENTS TAKING PLACE IN HONOLULU

Are you planning to attend the Sunday night Conference-Wide Event at Lanikuhonua?
☐ YES ☐ NO

Are you planning to attend the Tuesday night Inaugural Gala Reception?
☐ YES ☐ NO

HELP US KNOW MORE ABOUT YOU

Please take a moment and complete the following information to help us serve you better!

ARE YOU NEW TO NACo?

(Please check any of the statements below that apply to you.)

- ☐ My county is a new NACo member
☐ This is my first NACo Conference
☐ I am a newly elected county official
☐ I am a member of the _____ affiliate.

WHAT ROLE DO YOU PLAY IN THE PURCHASE OF PRODUCTS AND SERVICES WITHIN YOUR COUNTY?

- ☐ Final Say
☐ Specify Supplier
☐ Recommend
☐ No Role

PLEASE RETURN YOUR COMPLETED CONFERENCE REGISTRATION FORM TO:

NACo Conference Registration Center
 PO Box 12862
 Philadelphia, PA 19101-0862

Or fax your completed form to: (610) 328-1548

Questions? Please call: (866) 749-1752

On-line Registration Available at: www.naco.org

Office Use Only

Date Rec'd: _____
 Total: _____
 Check #: _____
 Date Entered: _____
 Amount of Check: _____
 Entered by: _____

2468386

5/09/2005 101-40-129-02 7/15-19/05 NACO ANNUL CONF AND

2,490.00

5/11/2005

\$2,490.00

24681

TWO THOUSAND, FOUR HUNDRED NINETY DOLLARS AND NO CENTS

NACO
P.O. BOX 12862
CONFERENCE REGIS CENTER
PHILADELPHIA PA 19101-0862

CONFERENCE REGISTRATION FORM

July 15-19, 2005 • Hawai'i Convention Center • City and County of Honolulu • Honolulu, Hawai'i



☐ **HOTEL RESERVATIONS** - Please check this box if you will NOT require hotel accommodations. If you DO require housing, complete the hotel form on the back of this form. Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Make a copy of this form for your records.

*Last Name Bilotta
 *First Name Jim
 *Nick Name _____
 *Title _____
 *Country/Organization Will County
 Address 302 N. Chicago St.
 City Joliet *State IL Zip Code 60432
 Telephone (815) 740-4602 Fax (815) 740-8395
 Email kwozniak@willcountyillinois.com
 Please provide your email address to receive a quick confirmation!

☐ **OPT OUT** Please check here if you do not want your information shared.

☒ SPECIAL SERVICES

☐ Please check here if you require any special assistance. If you do require any special assistance, please attach a separate sheet of paper outlining your needs.

SPOUSE/GUEST INFORMATION

Last Name Bilotta First Name Elizabeth
 *If you are a County employee, you may not register as a guest.

YOUTH INFORMATION

Last Name _____ First Name _____
 Spouse/Guest and Youth registration fee include admission to all General Sessions, the Conference-Wide Event, the Exhibit Hall Luncheon, and the Inaugural Gala.

REGISTRATION FEES

CHECK BOX (T/F) APPLIES	EARLY BIRD premiered by 6/17	ADVANCE Reserved between 6/18 and 7/14	ON-SITE in Honolulu
NACo County Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
NACo Board of Directors	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
State Association of Counties STAFF	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465	<input type="checkbox"/> \$600
County Non-member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590	<input type="checkbox"/> \$700
Corporate Non-member	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615	<input type="checkbox"/> \$725
Government (Federal or State Employees Only)	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press (must be editorial staff)	<input type="checkbox"/> Complimentary		

NEW! You may purchase single tickets for the Conference-Wide Event for \$50 each.

of Tickets: _____ @ \$50 each. Total Cost: \$ _____ SUB-TOTAL DUE: \$ _____

ADVANCED LEADERSHIP TRAINING (ALT)

Get an early start with NACo's Advanced Leadership Training (ALT) Pre-Conference Seminars! Your leadership is our business! Our half-day and full-day pre-conference seminars focus on essential leadership concepts and skills that help you guide your county through these difficult times. Please circle the appropriate Seminar rate you wish to attend.

ALT Pre-Conference Seminar # 1: Budgeting for Outcomes That Citizens Value

Cosponsored with NACIO - The National Association of Public Information Officers

Friday, July 15, 8:30 a.m. - 3:30 p.m. (full day)

Individual ☐ \$150
 Team (3 or more) ☐ \$140 each

ALT Pre-Conference Seminar # 2: Achieving and Sustaining Superior County Leadership Performance

Saturday, July 16, 8:30 a.m. - 11:30 a.m. (half day)

Individual ☐ \$95
 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar # 3: Functional Service Consolidation: Options and Strategies

Saturday, July 16, 8:30 a.m. - 11:30 a.m. (half day)

Individual ☐ \$95
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ALT Pre-Conference Seminar #4: Vive La Difference! Understanding and Adapting to Differences in Leadership/Management Styles

Saturday July 16, 12:30 p.m. - 3:30 p.m. (half day)

Individual ☐ \$95
 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5: Redefining the Future of County Governments: Your Role as Change Agent

Saturday July 16, 12:30 p.m. - 3:30 p.m. (half day)

Individual ☐ \$95
 Team (3 or more) ☐ \$85 each

* Please note if you enroll for 2 half-day seminars, the cost is \$150 (same as a full day).

SUB-TOTAL DUE: \$ _____

TOTAL AMOUNT DUE: \$ _____

(Registration Fees, plus Conference-Wide Event tickets, plus ALT (if applicable))

PAYMENT

Conference Registration fee MUST accompany this form. Send check, voucher or company purchase order, **MADE PAYABLE TO THE NATIONAL ASSOCIATION OF COUNTIES**. A purchase order will only hold your registration. All fees must be paid in order to obtain your badge and tickets at the Conference.

Please select one: ☐ Check ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover ☐ Purchase Order/Voucher

Card Number: _____ Exp. Date: _____

Signature: _____

(Your signature authorizes NACo to charge your credit card for the total amount due)

PLEASE HELP US PLAN FOR THE SPECIAL EVENTS TAKING PLACE IN HONOLULU

Are you planning to attend the Sunday night Conference-Wide Event at Lanikuhonua?

☐ YES ☐ NO

Are you planning to attend the Tuesday night Inaugural Gala Reception?

☐ YES ☐ NO

HELP US KNOW MORE ABOUT YOU

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ARE YOU NEW TO NACo?

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- ☐ My county is a new NACo member
☐ This is my first NACo Conference
☐ I am a newly elected county official
☐ I am a member of the _____ Affil

WHAT ROLE DO YOU PLAY IN THE PURCHASE OF PRODUCTS AND SERVICES WITHIN YOUR COUNTY?

- ☐ Final Say
☐ Specify Supplier
☐ Recommend
☐ No Role

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 PO Box 12862
 Philadelphia, PA 19101-0862

Or fax your completed form to: (610) 328-1548

Questions? Please call: (866) 749-1752

On-line Registration Available at: www.naco.org

Office Use Only

Date Rec'd: _____

Total: _____

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Amount of Check: _____

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*Last Name Wilhelm

*First Name Steve

*Nick Name _____

*Title _____

*County/Organization Will County

Address 302 N. Chicago St.

City Joliet

*State IL

Zip Code 60432

Telephone (815) 740-4602

Fax (815) 740-8395

Email kwozniak@willcountyillinois.com

Please provide your email address to receive a quick confirmation!

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SPECIAL SERVICES

☐ Please check here if you require any special assistance. If you do require any special assistance, please attach a separate sheet of paper outlining your needs.

SPOUSE/GUEST INFORMATION

Last Name Wilhelm

First Name Sara

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YOUTH INFORMATION

Last Name Wilhelm

First Name Alex

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REGISTRATION FEES

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Individual ☐ \$150

Team (3 or more) ☐ \$140 each

ALT Pre-Conference Seminar # 2: Achieving and Sustaining Superior County Leadership Performance

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Individual ☐ \$95

Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar # 3: Functional Service Consolidation Options and Strategies

Saturday, July 16, 8:30 a.m. - 11:30 a.m. (half day)

Individual ☐ \$95

Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4: Vine La Difference! Understanding and Adapting to Differences in Leadership/Management Styles

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Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5: Redefining the Future of County Governments: Your Role as Change Agent

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Individual ☐ \$95

Team (3 or more) ☐ \$85 each

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SUB-TOTAL DUE: \$_____

TOTAL AMOUNT DUE: \$_____

(Registration Fee, plus Conference Wide Event tickets, plus ALT if applicable)

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Signature: _____

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Are you planning to attend the Sunday night Conference Wide Event at Lanikuhonua?

☒ YES ☐ NO

Are you planning to attend the Tuesday night Inaugural Gala Reception?

☒ YES ☐ NO

HELP US KNOW MORE ABOUT YOU

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- ☐ I am a member of the _____ affiliation

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- ☐ Recommend
- ☐ No Role

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*Last Name Moustis

*First Name James

*Nick Name _____

*Title Will County Board Chairman

*County/Organization Will County

Address 302 N. Chicago St.

City Joliet

*State IL

Zip Code 60432

Telephone (815) 740-4602

Fax (815) 740-8395

Email kwozniak@willcountyillinois.com

Please provide your email address to receive a quick confirmation!

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☒ SPECIAL SERVICES

☐ Please check here if you require any special assistance. If you do require any special assistance, please attach a separate sheet of paper outlining your needs.

SPOUSE/GUEST INFORMATION

Last Name Moustis

First Name Susan

* If you are a County employee, you may not register as a guest.

YOUTH INFORMATION + 2 children

Last Name Moustis

First Name Spencer

Spouse/County and Youth registration fees include admission to all General Sessions, the Conference-Wide Events, the Exhibit Hall Lunches, and the Inaugural Gala.

REGISTRATION FEES

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Team (3 or more) ☐ \$85 each

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SUB-TOTAL DUE: \$_____

TOTAL AMOUNT DUE: \$_____

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Signature: _____

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Are you planning to attend the Sunday night Conference Wide Event at Lanikuhonua?

☒ YES ☐ NO

Are you planning to attend the Tuesday night Inaugural Gala Reception?

☒ YES ☐ NO

HELP US KNOW MORE ABOUT YOU

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Last Name Babich

First Name Joe

Nick Name _____

Title _____

County/Organization Will County

Address 302 N. Chicago St.

City Joliet

State IL

Zip Code 60432

Telephone (815) 740-4692

Fax (815) 740-8395

Email kwozniak@willcountyillinois.com

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SPOUSE/GUEST INFORMATION

Last Name Babich

First Name Mary

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YOUTH INFORMATION

Last Name _____

First Name _____

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☒ YES ☐ NO

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Date Rec'd: _____

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2005
NACo Annual
Conference
& Exposition

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*Last Name Stewart

*First Name Frank

*Nick Name _____

*Title _____

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Address 302 N. Chicago St.

City Joliet

*State IL

Zip Code 60432

Telephone (815) 740-4692

Fax (815) 740-8395

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CHECK BOX THAT APPLIES

NACo County Member

NACo Corporate Member

NACo Board of Directors

State Association of Counties **STAFF**

County Non-member

Corporate Non-member

Government (Federal or State Employees Only)

Spouse/Guest

Youth

Working Press (must be editorial staff)

EARLYBIRD

prorated by 6/17

☒ \$415

☐ \$415

☐ \$415

☐ \$415

☐ \$340

☐ \$565

☐ \$490

☐ \$110

☐ \$110

☐ Complimentary

ADVANCE

Received between 6/18 and 7/14

☐ \$465

☐ \$465

☐ \$465

☐ \$465

☐ \$590

☐ \$615

☐ \$540

☐ \$130

☐ \$130

ON-SITE

in Honolulu

☐ \$600

☐ \$600

☐ \$600

☐ \$600

☐ \$700

☐ \$725

☐ \$650

☐ \$130

☐ \$130

NOTE: You may purchase single tickets for the Conference-Wide Event for \$50 each.

of Tickets: _____ @ \$50 each. Total Cost: \$ _____

SUB-TOTAL DUE: \$ _____

ADVANCED LEADERSHIP TRAINING (ALT)

Get an early start with NACo's Advanced Leadership Training (ALT) Pre-Conference Seminars! Your leadership is our business! Our half-day and full-day pre-conference seminars focus on essential leadership concepts and skills that help you guide your county through these difficult times. Please circle the appropriate Seminar rate you wish to attend.

ALT Pre-Conference Seminar # 1: *Budgeting for Outcomes That Citizens Value*

Co-sponsored with NACIO - The National Association of Public Information Officers

Friday, July 15, 8:30 a.m. - 3:30 p.m. (full day)

Individual ☐ \$150

Team (3 or more) ☐ \$140 each

ALT Pre-Conference Seminar # 2: *Achieving and Sustaining Superior County Leadership Performance*

Saturday, July 16, 8:30 a.m. - 11:30 a.m. (half day)

Individual ☐ \$95

Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar # 3: *Functional Service Consolidation: Options and Strategies*

Saturday, July 16, 8:30 a.m. - 11:30 a.m. (half day)

Individual ☐ \$95

Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4: *Vive La Difference! Understanding and Adapting to Differences in Leadership/Management Styles*

Saturday July 16, 12:30 p.m. - 3:30 p.m. (half day)

Individual ☐ \$95

Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5: *Redefining the Future of County Governments: Your Role as Change Agent*

Saturday July 16, 12:30 p.m. - 3:30 p.m. (half day)

Individual ☐ \$95

Team (3 or more) ☐ \$85 each

* Please note if you enroll for 2 half-day seminars, the cost is \$170 (same as a full day).

SUB-TOTAL DUE: \$ _____

TOTAL AMOUNT DUE: \$ _____

(Registration Fee, plus Conference Wide Event tickets, plus ALT if applicable)

PAYMENT

Conference Registration fee MUST accompany this form. Send check, voucher or company purchase order. **MADE PAYABLE TO THE NATIONAL ASSOCIATION OF COUNTIES.** A purchase order will only hold your registration. All fees must be paid in order to obtain your badge and tickets at the Conference.

Please select one: ☒ Check ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover ☐ Purchase Order/Voucher

Card Number: _____

Exp. Date: _____

Signature: _____

(Your signature authorizes NACo to charge your credit card for the total amount due)

PLEASE HELP US PLAN FOR THE SPECIAL EVENTS TAKING PLACE IN HONOLULU

Are you planning to attend the Sunday night Conference-Wide Event at Lanikuhonua?

☒ YES ☐ NO

Are you planning to attend the Tuesday night Inaugural Gala Reception?

☒ YES ☐ NO

HELP US KNOW MORE ABOUT YOU

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(Please check any of the statements below that apply to you.)

☐ My county is a new NACo member

☐ This is my first NACo Conference

☐ I am a newly elected county official

☐ I am a member of the _____ affiliate.

WHAT ROLE DO YOU PLAY IN THE PURCHASE OF PRODUCTS AND SERVICES WITHIN YOUR COUNTY?

☐ Final Say

☐ Specify Supplier

☐ Recommend

☐ No Role

PLEASE RETURN YOUR COMPLETED CONFERENCE REGISTRATION FORM TO:

NACo Conference Registration Center

PO Box 12862

Philadelphia, PA 19101-0862

Or fax your completed form to: (610) 328-1548

Questions? Please call: (866) 749-1752

On-line Registration Available at: www.naco.org

Office Use Only

Date Rec'd: _____

Title: _____

Check #: _____

Date Entered: _____

Amount of Check: _____

Entered by: _____

CONFERENCE REGISTRATION FORM

July 15-19, 2005 • Hawai'i Convention Center • City and County of Honolulu • Honolulu, Hawai'i



☐ **HOUSING RESERVATIONS**—Please check this box if you will NOT require hotel accommodations. If you DO require housing, complete the hotel form on the back of this form. Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Make a copy of this form for your records.

*Last Name Woods

*First Name Margie

*Nick Name _____

*Title _____

*County/Organization Will County

Address 302 N. Chicago St.

City Joliet

*State IL

Zip Code 60432

Telephone (815) 740-4602 Fax (815) 740-8395

E-mail kwozniak@willcountyillinois.com

Please provide your email address to receive a quick confirmation!

☐ **OPT OUT** Please check here if you do not want your information shared.

SPECIAL SERVICES

Please check here if you require any special assistance. If you do require any special assistance, please attach a separate sheet of paper outlining your needs.

SPOUSE/GUEST INFORMATION

Last Name Woods

First Name Floyd

*If you are a County employee, you may not register as a guest.

YOUTH INFORMATION

Last Name _____

First Name _____

Spouse/Guest and Youth registration fees include admission to all General Sessions, the Conference-Wide Forum, the Exhibit Hall Luncheon, and the Inaugural Gala.

REGISTRATION FEES

CHECK BOX THAT APPLIES

NACo County Member

EARLYBIRD

announced by 6/17

☒ \$415

ADVANCE

Received between 6/18 and 7/14

☐ \$465

ON-SITE

in Honolulu

☐ \$600

NACo Corporate Member

☐ \$415

☐ \$465

☐ \$600

NACo Board of Directors

☐ \$415

☐ \$465

☐ \$600

State Association of Counties (STAFF)

☐ \$415

☐ \$465

☐ \$600

County Non-member

☐ \$540

☐ \$590

☐ \$700

Corporate Non-member

☐ \$565

☐ \$615

☐ \$725

Government (Federal or State Employees Only)

☐ \$490

☐ \$540

☐ \$650

Spouse/Guest

☐ \$110

☐ \$130

☐ \$130

Youth

☐ \$110

☐ \$130

☐ \$130

Working Press (must be editorial staff) ☐ Complimentary

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SUB-TOTAL DUE: \$ _____

TOTAL AMOUNT DUE: \$ _____

(Registration Fee, plus Conference-Wide Event ticket, plus ALT if applicable)

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Card Number: _____ Exp. Date: _____

Signature: _____

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☒ YES ☐ NO

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☐ This is my first NACo Conference
☐ I am a newly elected county official
☐ I am a member of the _____ affiliate.

WHAT ROLE DO YOU PLAY IN THE PURCHASE OF PRODUCTS AND SERVICES WITHIN YOUR COUNTY?

- ☐ Final Say
☐ Specialty Supplier
☐ Recommender
☐ No Role

PLEASE RETURN YOUR COMPLETED CONFERENCE REGISTRATION FORM TO:

NACo Conference Registration Center
PO Box 12862
Philadelphia, PA 19101-0862

Or fax your completed form to: (610) 328-1548

Questions? Please call: (866) 749-1752

On-line Registration Available at: www.naco.org

Officer Use Only

Date Rec'd: _____

Total: _____

Check #: _____

Date Entered: _____

Amount of Check: _____

Entered by: _____

2467112

3/31/2005 1-000006132 17197 AD FOR DIRECT.LAND USE 3

400.00

4/27/2005

\$400.00

2467112

FOUR HUNDRED DOLLARS AND NO CENTS

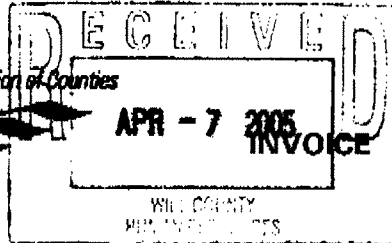
NACO
P.O. BOX 79007
BALTIMORE

MD 21279-0007



ID# 17197

Frank Ruhl
Will County
302 North Chicago Street
Will County Board Office
Joliet, IL 60432-4078



DATE: 03/31/2005

INVOICE #: 1-000006132

OK
0-1/07/05

REMITTANCE ADDRESS: P.O. Box 79007
Baltimore, Md 21279-0007
202-942-4283 • 202-661-8835
EIN# 53-0190321

DATE	DESCRIPTION	AMOUNT
03/31/2005	<p>Merchandise - County News Advertising Quantity: 1 Price: \$400.00 Director of Land Use</p>	\$400.00
Invoice Total:		\$400.00
Less Amount Pre-Paid:		(\$0.00)
TOTAL		400.00

2460015

2/17/2005 101-40-048-01 2005 CONF 3/3-3/8 MAHER & SING

980.00

2/24/2005

\$980.00

2460015

NINE HUNDRED EIGHTY DOLLARS AND NO CENTS

NACO

P.O. BOX 12862

CONFERENCE REGIS CENTER

PHILADELPHIA

PA 19101-0862



2005 Legislative Conference

Registration Form

March 4-8, 2005 • Marriott Wardman Park Hotel • Washington, DC

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

☐ Please check here if you DO NOT require hotel accommodations. If you DO require hotel accommodations, please complete the Hotel Reservation Form located on the back of this form.

*Last Name Singer

*First Name Cory

*Title County Board Member

*Nick Name _____

*County/Organization Will County

Address 302 N. Chicago Street

*City Joliet

*State IL Zip Code 60432

Telephone 815-740-4602 Fax 815-740-8395

Email kwozniak@willcountyillinois.com

☒ OPT OUT. Please check here if you do not want your information shared.

Family Information (if applicable)

Spouse/Guest and Youth registration fees include admission to all General Sessions, the President's Reception and Monday Luncheon.

Spouse/Guest* Full Name _____

* If you are a County employee, you may not register as a guest.

Youth(s) Full Name _____

Special Services (check if applicable)

☐ Yes, I will require special assistance.

Please let us know your requirements by attaching a separate sheet of paper outlining your needs.



Registration Fees (check box that applies)

	Early Bird Postmarked by 2/7	Advance 2/7-3/3	On- Site Washington, DC
NACo Board of Directors	<input type="checkbox"/> \$440	<input checked="" type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo County Member	<input type="checkbox"/> \$440	<input checked="" type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
State Association			
of Counties Staff	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590	<input type="checkbox"/> \$700
Corporate Non-Member	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615	<input type="checkbox"/> \$725
Government	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
(Federal or State employees only)			
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press	<input type="checkbox"/> Complimentary		
(Editorial staff only)			

Advanced Leadership Training (ALT)

Pre-Conference Seminars

Friday, March 4

ALT Pre-Conference Seminar #1 (9:00 a.m. - 4:00 p.m.)

Communication - The Public Official's Most Crucial Survival Skill

Co-sponsored with NACIO

The National Association of County Information Officers

Individual ☐ \$150 Team (3 or more) ☐ \$140 each

Saturday, March 5

ALT Pre-Conference Seminar #2 (8:30 a.m. - 11:45 a.m.)

Practical Techniques for Resolving Conflict

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #3 (8:30 a.m. - 11:45 a.m.)

The Courage to Lead - A Personal "Blueprint" for Leadership

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4 (1:00 p.m. - 4:00 p.m.)

A Strategic Plan That Works: Vision, Plan, Action, Results

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5 (1:00 p.m. - 4:00 p.m.)

Politics Unusual: The Dollars and Cents of Humor in Government

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

* Please note if you sign up for 2 half-day seminars, the cost is \$150 (same as a full day).

Total Amount Due: _____

Payment Method (select one)

☒ Check ☐ PO ☐ Voucher

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

Your signature authorizes NACo to charge your credit card for the total amount due.

Payment Policy

Conference registration fee must accompany this form. Send check, voucher, or company purchase order, made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only HOLD a registration. All fees must be paid in full in order to obtain your badge and event tickets at the conference.

Cancellation Policy

Refund of Conference registration fee, less an administrative fee of \$50 (or half of spouse/youth fee) will be made if written notice of conference registration cancellation is postmarked no later than February 7, 2005. Cancellation requests of any registration postmarked February 8, 2005 or later will be subject to an administrative fee equal to one-half of the registration fee.

NO REFUND REQUESTS WILL BE HONORED for registration canceled after March 1, 2005 or for "no-shows". Sorry, no telephone cancellations can be accepted.

New to NACo?

(Please check any of the statements below that apply to you.)

☐ My county is a new NACo member ☐ This is my first NACo Conference

☐ I am a newly elected county official ☐ I am a member of an affiliate

Name of affiliate _____

Please return your completed conference registration & hotel reservation form to:

NACo Conference Registration Center, PO Box 12862

Philadelphia, PA 19101-0862

Or fax your completed forms to: (610) 328-1548

On-Line Registration Available at: www.naco.org

Questions? Please Call: (866) 844-2207



2005 Legislative Conference

Hotel Reservations

March 4-8, 2005 • Marriott Wardman Park Hotel • Washington, DC

You must register for the Conference in order to request a room reservation. Please return your hotel reservation preference with your conference registration.

Last Name Singer
 First Name Cory
 Telephone 815-740-4602 Fax 815-740-8395
 Email kwozniak@willcountyillinois.com
 Arrival Date 03 / 03 / 05
 Departure Date: 03 / 09 / 05

Hospitality Suites

If you desire to reserve a hospitality suite, please contact the hotel directly for availability and pricing. The Marriott Wardman Park Hotel phone number is (202) 328-2000.

Special Services (check if applicable)

☐ Yes, I will require special assistance.



Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

Hotel Preferences

■ Indicate your first choice with a "1". Then, number other choices from "1" to "3" in the order of preference. If your first choice is unavailable, a reservation will be made at your second choice hotel unless space is not available, at which time you will be notified immediately.

■ Each reservation requires a one-night deposit at the time of booking in order to secure/guarantee reservations. Please note: A one-night deposit may be charged to your credit card by the hotel at the time the reservation is made.

Please indicate your preference by numbering hotels 1 through 3.

Rank	Hotel	Single	Double
<u>1</u>	Marriott Wardman Park Hotel	\$173	\$173
<u>3</u>	Marriott Concierge Level (limited rooms available)	\$208	\$208
<u>2</u>	Omni Shoreham Hotel	\$176	\$176

Please check one of the following:

☒ Single (one person)

☐ Double (two people)

Select your preference:

☒ King Bed

☐ Double Bed (2)

☒ Non-smoking

☐ Smoking

If you are requesting a Double room, please let us know your Roommate's Name:

Hotel Availability

The above room rates are guaranteed until January 28, 2005, as long as there are rooms remaining in the NACo room block. After January 28, 2005, hotel room or rate availability cannot be guaranteed. Please submit your hotel reservation request as soon as possible.

Hotel Deposit

Please complete the credit card information below. We will request your room and send you an acknowledgement of your room request. Your room will not be guaranteed until proper payment has been received. Proper payment must be received by the hotel by January 28, 2005, or your room will be released.

Hotel Confirmation

The NACo Conference Registration Center will send you an acknowledgment within two weeks of receipt of this form. The hotel will also send you a confirmation after your credit card is confirmed or payment is received. Send check payment for hotel reservations directly to the hotel. Please bring your confirmation to the hotel for prompt check-in.

Payment Method (select one)



Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

The NACo Housing Center is authorized to use the above card to guarantee my hotel reservation. I understand that one night's room charge will be billed through this card if I fail to arrive for my assigned housing at the confirmed date, or if I depart earlier than I have confirmed, unless I have canceled my reservation with the hotel at least 72 hours in advance. I also understand that one night's room charge may be billed immediately to hold my reservation.

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*First Name Chyck

*Title County Board Member

*Nick Name _____

*County/Organization Will County

Address 302 N. Chicago Street

*City Joliet

*State IL Zip Code 60432

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Email kwozniak@willcountyillinois.com

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 Email kwozniak@willcountyillinois.com
 Arrival Date 03 / 03 / 05
 Departure Date: 03 / 09 / 05

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☒ Single (one person)

☐ Double (two people)

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☒ King Bed

☐ Double Bed (2)

☒ Non-smoking

☐ Smoking

If you are requesting a Double room, please let us know your Roommate's Name:

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Payment Method (select one)

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

The NACo Housing Center is authorized to use the above card to guarantee my hotel reservation. I understand that one night's room charge will be billed through this card if I fail to arrive for my assigned housing at the confirmed date, or if I depart earlier than I have confirmed, unless I have canceled my reservation with the hotel at least 72 hours in advance. I also understand that one night's room charge may be billed immediately to hold my reservation.

Please return your completed conference registration & hotel reservation form to:

NACo Conference Registration Center
 PO Box 12862
 Philadelphia, PA 19101-0862

Or fax your completed forms to: (610) 328-1548
 On-Line Registration Available at: www.naco.org
 Questions? Please Call: (866) 844-2207



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FOUR HUNDRED FORTY DOLLARS AND NO CENTS

NACO
P.O. BOX 12862
CONFERENCE REGIS CENTER
PHILADELPHIA PA 19101-0862



2005 Legislative Conference

Registration Form

March 4-8, 2005 • Marriott Wardman Park Hotel • Washington, DC

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

☐ Please check here if you DO NOT require hotel accommodations. If you DO require hotel accommodations, please complete the Hotel Reservation Form located on the back of this form.

*Last Name Babich
 *First Name Joe
 *Title County Board Member
 *Nick Name _____
 *County/Organization Will County
 Address 302 N. Chicago Street

 *City Joliet
 *State IL Zip Code 60432
 Telephone 815-740-4602 Fax 815-740-8395
 Email kwozniak@willcountyllinois.com
☒ OPT OUT. Please check here if you do not want your information shared.

Family Information (if applicable)

Spouse/Guest and Youth registration fees include admission to all General Sessions, the President's Reception and Monday Luncheon.

Spouse/Guest* Full Name

Mary Babich

*If you are a County employee, you may not register as a guest.

Youth(s) Full Name _____

Special Services (check if applicable)

☐ Yes, I will require special assistance.

Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

Registration Fees (check box that applies)

	Early Bird Postmarked by 2/7	Advance 2/7-3/3	On- Site Washington, DC
NACo Board of Directors	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo County Member	<input checked="" type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
State Association			
of Counties Staff	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590	<input type="checkbox"/> \$700
Corporate Non-Member	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615	<input type="checkbox"/> \$725
Government	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
(Federal or State employees only)			
Spouse/Guest	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Youth	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
Working Press	<input type="checkbox"/> Complimentary		
(Editorial staff only)			

Advanced Leadership Training (ALT)

Pre-Conference Seminars

■ Friday, March 4

ALT Pre-Conference Seminar #1 (9:00 a.m. - 4:00 p.m.)

Communication - The Public Official's Most Crucial Survival Skill

Co-sponsored with NACIO

The National Association of County Information Officers

Individual ☐ \$150 Team (3 or more) ☐ \$140 each

■ Saturday, March 5

ALT Pre-Conference Seminar #2 (8:30 a.m. - 11:45 a.m.)

Practical Techniques for Resolving Conflict

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #3 (8:30 a.m. - 11:45 a.m.)

The Courage to Lead - A Personal "Blueprint" for Leadership

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #4 (1:00 p.m. - 4:00 p.m.)

A Strategic Plan That Works: Vision, Plan, Action, Results

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

ALT Pre-Conference Seminar #5 (1:00 p.m. - 4:00 p.m.)

Politics Unusual: The Dollars and Cents of Humor in Government

Individual ☐ \$95 Team (3 or more) ☐ \$85 each

* Please note if you sign up for 2 half-day seminars, the cost is \$150 (same as a full day).

Total Amount Due: _____

Payment Method (select one)

☒ Check

☐ PO

☐ Voucher

☐ VISA

☐

☐

☐

Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

Your signature authorizes NACo to charge your credit card for the total amount due.

Payment Policy

Conference registration fee must accompany this form. Send check, voucher, or company purchase order, made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only HOLD a registration. All fees must be paid in full in order to obtain your badge and event tickets at the conference.

Cancellation Policy

Refund of Conference registration fee, less an administrative fee of \$50 (or half of spouse/youth fee) will be made if written notice of conference registration cancellation is postmarked no later than February 7, 2005. Cancellation requests of any registration postmarked February 8, 2005 or later will be subject to an administrative fee equal to one-half of the registration fee.

NO REFUND REQUESTS WILL BE HONORED for registration canceled after March 1, 2005 or for "no-shows". Sorry, no telephone cancellations can be accepted.

New to NACo?

(Please check any of the statements below that apply to you.)

☐ My county is a new NACo member

☐ This is my first NACo Conference

☐ I am a newly elected county official

☐ I am a member of an affiliate

Name of affiliate _____

Please return your completed conference registration & hotel reservation form to:

NACo Conference Registration Center, PO Box 12862

Philadelphia, PA 19101-0862

Or fax your completed forms to: (610) 328-1548

On-Line Registration Available at: www.naco.org

Questions? Please Call: (866) 844-2207



2005 Legislative Conference

Hotel Reservations

March 4-8, 2005 • Marriott Wardman Park Hotel • Washington, DC

You must register for the Conference in order to request a room reservation. Please return your hotel reservation preference with your conference registration.

Last Name Babich
 First Name Joe
 Telephone 815-740-4602 Fax 815-740-8395
 Email kwozniak@willcountyillinois.com
 Arrival Date 03 / 03 / 05
 Departure Date: 03 / 09 / 05

Hospitality Suites

If you desire to reserve a hospitality suite, please contact the hotel directly for availability and pricing. The Marriott Wardman Park Hotel phone number is (202) 328-2000.

Special Services (check if applicable)

☐ Yes, I will require special assistance.



Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

Hotel Preferences

■ Indicate your first choice with a "1". Then, number other choices from "1" to "3" in the order of preference. If your first choice is unavailable, a reservation will be made at your second choice hotel unless space is not available, at which time you will be notified immediately.

■ Each reservation requires a one-night deposit at the time of booking in order to secure/guarantee reservations. Please note: A one-night deposit may be charged to your credit card by the hotel at the time the reservation is made.

Please indicate your preference by numbering hotels 1 through 3.

Rank	Hotel	Single	Double
<u>1</u>	Marriott Wardman Park Hotel	\$173	\$173
<u>3</u>	Marriott Concierge Level (limited rooms available)	\$208	\$208
<u>2</u>	Omni Shoreham Hotel	\$176	\$176

Please check one of the following:

☒ Single (one person)

☐ Double (two people)

Select your preference:

☒ King Bed

☐ Double Bed (2)

☒ Non-smoking

☐ Smoking

If you are requesting a Double room, please let us know your Roommate's Name:

Mary Babich, spouse

Hotel Availability

The above room rates are guaranteed until January 28, 2005, as long as there are rooms remaining in the NACO room block. After January 28, 2005, hotel room or rate availability cannot be guaranteed. Please submit your hotel reservation request as soon as possible.

Hotel Deposit

Please complete the credit card information below. We will request your room and send you an acknowledgement of your room request. Your room will not be guaranteed until proper payment has been received. Proper payment must be received by the hotel by January 28, 2005, or your room will be released.

Hotel Confirmation

The NACO Conference Registration Center will send you an acknowledgment within two weeks of receipt of this form. The hotel will also send you a confirmation after your credit card is confirmed or payment is received. Send check payment for hotel reservations directly to the hotel. Please bring your confirmation to the hotel for prompt check-in.

Payment Method (select one)



Card Number _____

Exp. Date _____

Cardholder's Name _____

Signature _____

The NACO Housing Center is authorized to use the above card to guarantee my hotel reservation. I understand that one night's room charge will be billed through this card if I fail to arrive for my assigned housing at the confirmed date, or if I depart earlier than I have confirmed, unless I have canceled my reservation with the hotel at least 72 hours in advance. I also understand that one night's room charge may be billed immediately to hold my reservation.

Please return your completed conference registration & hotel reservation form to:

NACO Conference Registration Center
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Or fax your completed forms to: (610) 328-1548
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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
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N MELISSA 03042005 D52381099 WWW.NACO.ORG \$150.00
JOHANNSSEN

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
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N											
N											
N	MELISSA JOHANNSEN	12062005 12052005	101-40-100-3760	BOLINGBROOK AREA CHAMB			\$100.00dues				
N	MELISSA JOHANNSEN	12212005 12192005	101-40-100-3760	ROMEDEVILLE CHAMBER COM			\$120.00chamber luncheons				
N											
N											
N											
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N											
N											
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N			
MELISSA	07112006	101-40-100-3740	CONFERENCE
JOHANSEN	07092006		TRADESHO
			(\$50.00)NACO Conf

(\$50.00)NACO Conf

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			(\$110.00)NACO Conf-Moustis				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			(\$110.00)NACO Conf-Rozak				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			(\$110.00)NACO Conf-Stewart				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			(\$110.00)NACO				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			(\$110.00)NACO Conf-Woods				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$50.00NACO Conf				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Babich				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Bliotta				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Blackb				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$550.00NACO Conf-Stewart				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Dralle				
N	MELISSA JOHANNSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Friefeld				

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	TXn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$550.00NACO				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$550.00NACO Conf-Woods				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Gould				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Konicki				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO Conf-Maher				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$100.00NACO Conf				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$550.00NACO Conf-Moustis				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$440.00NACO				
N	MELISSA JOHANNSSEN	07112006 07092006	101-40-100-3740	CONFERENCE TRADESHO			\$550.00NACO Conf-Rozak				
N	MELISSA JOHANNSSEN	07112006 07102006	101-40-100-3740	CONFERENCE TRADESHO			(\$50.00)NACO Conf				
N	MELISSA JOHANNSSEN	07122006 07102006	101-40-100-3740	CONFERENCE TRADESHO			(\$50.00)NACO Conf				
N	MELISSA JOHANNSSEN	07122006 07102006	101-40-100-3740	CONFERENCE TRADESHO			(\$50.00)NACO Conf				

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	SPLIT Desc/ Amount Project # Cust Code/ Sub-Proj. Code
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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
Y	KAREN BURKE	12062006 12042006		BOLINGBROOK AREA CHAMB			\$140.00		Membership Dues	101-40-100-3760	\$125.00
Y	KAREN BURKE	12062006 12042006		BOLINGBROOK AREA CHAMB			\$140.00		Legis	101-40-100-3753	\$15.00
N	KAREN BURKE										
N	KAREN BURKE	12202006 12192006	101-40-100-3753	ROMEDEVILLE CHAMBER COM			\$80.00	Luncheon-Moustis-D			
N	KAREN BURKE										
N	KAREN BURKE	01092007 01082007	101-40-100-3753	BOLINGBROOK AREA CHAMB			\$180.00	Luncheon-Moustis,Dr			
N	KAREN BURKE										
N	KAREN BURKE	02192007 02162007	101-40-100-3740	CONFERENCE TRADESHO			\$440.00	NACO Conf-Moustis			
N	KAREN BURKE	02192007 02162007	101-40-100-3740	CONFERENCE TRADESHO			\$440.00	NACO-Maher			
N	KAREN BURKE	02192007 02162007	101-40-100-3740	CONFERENCE TRADESHO			\$440.00	NACO-Woods			
N	KAREN BURKE	02192007 02162007	101-40-100-3740	CONFERENCE TRADESHO			\$440.00	NACO-Stewart			
N	KAREN BURKE	02192007 02162007	101-40-100-3740	CONFERENCE TRADESHO			\$440.00	NACO-Fritfeld			

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	KAREN BURKE	02212007 02202007	101-40-100-3760	BOLINGBROOK AREA CHAMB			\$155.00	Dist. 4 mbrship dues			
N	KAREN BURKE	03012007 02272007	101-40-100-3740	CONFERENCE TRADESHO			\$1,810.00	Naco-Goodson, Bilo			
N											
N											
N											
N											
N											
N											
N											
N	KAREN BURKE	03062007 03042007	101-40-100-3740	CONFERENCE TRADESHO			\$95.00	Naco Seminar-Maher			

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Figure 1

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	BURKE	11052007	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00IACO Conf-Travis				
N	KAREN BURKE	11032007									
N	KAREN BURKE	11052007	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00IACO Conf-Moustis				
N	KAREN BURKE	11032007									
N	KAREN BURKE	11052007	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00IACO Conf-Woods				
N	KAREN BURKE	11032007									
N	KAREN BURKE	11062007	101-40-100-3760	BOLINGBROOK AREA CHAMB			\$130.00Dist 3 Dues				
N	KAREN BURKE	11052007									
N	KAREN BURKE	11072007	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00IACO Conf-Stewart				
N	KAREN BURKE	11052007									
N	KAREN BURKE	11092007	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00IACO Conf-Piccolin				
N	KAREN BURKE	11082007									
N	KAREN BURKE	11152007	101-40-100-3740	ILLINOIS ASSOCIATION O			\$270.00IACO				
N	KAREN BURKE	11132007									

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	KAREN BURKE	01092008 01072008	101-40-100-3753	BOLINGBROOK AREA CHAMB				\$110.00St of Village			
N	KAREN BURKE	01092008 01082008	101-40-100-3753	BOLINGBROOK AREA CHAMB				\$55.00St of Village			
N											
N											
N											
N											
N											
N											
N	KAREN BURKE	01302008 01282008	101-40-100-3753	JOLIET REGION CHAMBER				\$250.00Joliet Chmbr			
N											
N											
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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N											
N	KAREN BURKE	02272008 02252008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00	Piccolini-NACo Conf			
N	KAREN BURKE	02272008 02252008	101-40-100-3740	CONFERENCE/TRA DESHO			\$615.00	Maher-NACo Conf			
N	KAREN BURKE	02272008 02252008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00	Stewart-NACo Conf			
N	KAREN BURKE	02272008 02252008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00	Woods-NACo Conf			
N	KAREN BURKE	02272008 02252008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00	Moustis-NACo Conf			
N	KAREN BURKE	02272008 02252008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00	Friedel-NACo Conf			
N	KAREN BURKE	02272008 02252008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00	Kusta-NACo Conf			
N	KAREN BURKE	02282008 02262008	101-40-100-3753	JOLIET REGION CHAMBER			\$75.00	Chamber Luncheon			
N											

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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	SPLIT Desc/ Project # Cust Code/ Amount Sub-Prj. Code
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Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	KAREN BURKE	07042008 07022008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00NACo				
N	KAREN BURKE	07042008 07022008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00NACo Conf-Maher				
N	KAREN BURKE	07042008 07022008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00NACo Conf-Stewart				
N	KAREN BURKE	07042008 07022008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00NACo Conf-Dralle				
N	KAREN BURKE	07042008 07022008	101-40-100-3740	CONFERENCE/TRA DESHO			\$465.00NACo Conf-Moustis				

Dept. Head

Auditor

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To 3/10/2010

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BMO Financial Group 2005

Auditor

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To 3/10/2010

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BMO Financial Group 2005

Auditor

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To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	KAREN BURKE	11102008 11082008	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00	IACO Conf-Bilotta			
N	KAREN BURKE	11102008 11082008	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00	IACO Conf-Goodson			
N	KAREN BURKE	11102008 11082008	101-40-100-3740	ILLINOIS ASSOCIATION O			\$135.00	IACO Conf-Moustis			
N	KAREN BURKE	11142008 11132008	101-40-100-3740	ILLINOIS ASSOCIATION O			\$150.00	IACO Conf-Wilhelmi			
N	KAREN BURKE	11142008 11132008	101-40-100-3740	ILLINOIS ASSOCIATION O			\$150.00	IACO Conf-Woods			
N	KAREN BURKE	11142008 11132008	101-40-100-3740	ILLINOIS ASSOCIATION O			\$150.00	IACO-Stewart			

Dept. Head

Auditor

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To 3/10/2010

[illegible]

Dept. Head

BMO Financial Group 2005

Auditor

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To 3/10/2010

101-40-100-3800	\$37.54
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Dept. Head

Auditor

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To 3/10/2010

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Auditor

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To 3/10/2010

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BMO Financial Group 2005

Auditor

Dept. Head

The County of Will - Flat File

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
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N

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Dept. Head

Page: 31

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	SPLIT Desc/ Project # Cust Code/ Sub-Proj. Code Amount
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BMO Financial Group 2005

Auditor

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To 3/10/2010

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Auditor

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To 3/10/2010

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Dept. Head

BMO Financial Group 2005

Auditor

The County of Will - Flat File

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	
									<div>SPLIT</div> <div>Desc/ Project # Cust Code/ Sub-Proj. Code Amount</div>

Dept. Head

BMO Financial Group 2005

Auditor

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To 3/10/2010

	Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	SPLIT Desc/ Project #Cust Code/ Sub-Proj. CodeAmount
N										
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N										
KAREN BURKE			07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Johannsen		

Dept. Head

Auditor

The County of Will - Flat File

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Babich				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$735.00Naco-Friefeld				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Biloria				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Dralle				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Gould				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Moustis				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$735.00Naco-Traynere				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Seiler				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-L. Smith				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Stewart				
N	KAREN BURKE	07162009 07152009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00Naco-Winfrey				

Dept. Head

BMO Financial Group 2005

Auditor

The County of Will - Flat File

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
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Dept. Head

BMO Financial Group 2005

Auditor

The County of Will - Flat File

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
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Dept. Head

BMO Financial Group 2005

Auditor

The County of Will - Flat File

Page: 39

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N											
N											
N											
N	KAREN BURKE	10082009 10072009	101-40-100-3740	NATIONAL ASSOC COUNTIE			\$490.00	Johannsen-Naco conf			
N											
N											
N	KAREN BURKE	12162009 12152009	101-40-100-3753	ROMEOVILLE CHAMBER			\$50.00	St Village			
N	KAREN BURKE	12162009 12152009	101-40-100-3760	ROMEOVILLE CHAMBER			\$100.00	Mbrship Dues			
N											
N	KAREN BURKE	12232009 12222009	101-40-100-3753	ROMEOVILLE CHAMBER			\$50.00	Village			
N	KAREN BURKE	01062010 01052010	101-40-100-3760	BOLINGBROOK AREA CHAMB			\$55.00	Mbrshp Dues			
N	KAREN BURKE	01112010 01092010	101-40-100-3753	ILLINOIS ASSOCIATION O			\$145.00	Conference-Bliotta			

Dept. Head

BMO Financial Group 2005

Auditor

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To 3/10/2010

SPLIT		
Desc/ Project #	Cust Code/	Amount Sub-Proj. Code

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N	02042010	101-40-100-3753	BOLINGBROOK	\$55.00Bolingbrook
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KAREN
BURKE

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BMO Financial Group 2005

Auditor

Dept. Head

The County of Will - Flat File

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N	KAREN BURKE	02192010 02182010	VPFE4EA0EE15	NATIONAL ASSC COUNTIES			\$490.00				
N	KAREN BURKE	02192010 02182010	VLCES5A63D1E7	NATIONAL ASSC COUNTIES			\$490.00				
N	KAREN BURKE	02192010 02182010	VTJE4EC58A79	NATIONAL ASSC COUNTIES			\$490.00				
N	KAREN BURKE	02192010 02182010	VTGE4EC58CE2	NATIONAL ASSC COUNTIES			\$490.00				
N	KAREN BURKE	02192010 02182010	VUJE4EA16641	NATIONAL ASSC COUNTIES			\$490.00				
N	KAREN BURKE	02192010 02182010	VQEE4ED483A4	NATIONAL ASSC COUNTIES			\$490.00				
N	KAREN BURKE	02192010 02182010	VSJE4DE73517	NATIONAL ASSC COUNTIES			\$490.00				
N	KAREN BURKE	02252010 02242010	VSHE4E0E0D53	NATIONAL ASSC COUNTIES			\$490.00				

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BMO Financial Group 2005

Auditor

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To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	SPLIT Desc/ Project # Cust Code/ Amount Sub-Proj. Code	
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BMO Financial Group 2005

Auditor

The County of Will - Flat File

Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N											
N											
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Y											
N											
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N											
N											
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Dept. Head

BMO Financial Group 2005 Auditor

The County of Will - Flat File

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Reporting Period: 1/1/2005 To 3/10/2010

Split Ind	Card Number First Name Last Name	Proc Date/ Tran Date	Cust Code	Merchant	Project #	Sub Proj Code	Txn	Memo	Desc/ Project #	SPLIT Cust Code/ Sub-Proj. Code	Amount
N											
N											
N	MELISSA JOHANSEN	12182009 12182009	101-40-100-3753	ROMEDEVILLE CHAMBER			\$100.00	Lunch-Goodson-Seile			

Dept. Head

BMO Financial Group 2005

Auditor

2591844

1/28/2009 013

2009 MEMBERSHIP DUES-EXECUTIVE

15,750.00

4/22/2009

\$15,750.00

2591844

FIFTEEN THOUSAND, SEVEN HUNDRED FIFTY DOLLARS AND NO CENTS

METRO COUNTIES OF ILL
C/O SCOTT CHRISTIANSEN
WINNEBAGO COUNTY BOARD OFFICE
404 ELM STREET
ROCKFORD IL 61101

METRO COUNTIES OF ILLINOIS

404 Elm Street, Room 533 ✓

Rockford, IL 61101

Phone: (815) 319-4225

Fax: (815) 319-4226

Suzi Schmidt – President
Lake County

Larry Walsh – Vice President
Will County

Scott Christiansen – Secretary/Treasurer
Winnebago County

Mark Kern – Second Vice President
St. Clair County

January 28, 2009 ✓

Matt Ryan
302 N. Chicago Street
Joliet IL 60432
mryan@willcountyillinois.com

Invoice No.: 013 ✓

Name of County: Will County

Membership Dues for 2009: \$15,750 ✓

Mail Payments to: Metro Counties of Illinois
c/o Scott H. Christiansen
404 Elm Street, Room 533
Rockford, IL 61101

Thank you for your attention.

Sincerely,

Scott H. Christiansen
Secretary/Treasurer

approved *Sam B. Raper* ✓
4-17-09

101-41-120-3760

2/08/2007 012-

EXECUTIVE-2007MMBRSHD DUES

2525552

15,750.00

3/28/2007

\$15,750.00

2525552

FIFTEEN THOUSAND, SEVEN HUNDRED FIFTY DOLLARS AND NO CENTS

METRO COUNTIES OF ILL
C/O SCOTT CHRISTIANSEN
WINNEBAGO COUNTY BOARD OFFICE
404 ELM STREET
ROCKFORD IL 61101

METRO COUNTIES OF ILLINOIS

404 Elm Street, Room 533

Rockford, IL 61101

Phone: (815) 319-4225

Fax: (815) 319-4226

V. 2256
3760

Suzi Schmidt – President
Lake County

Larry Walsh – Vice President
Will County

Scott Christiansen – Secretary/Treasurer
Winnebago County

February 8, 2007 ✓

Matt Ryan
302 N. Chicago Street
Joliet IL 60432
mryan@willcountyillinois.com

Invoice No.: 012 - ✓

Name of County: Will County

Membership Dues for 2007: \$15,750 ✓

Mail Payments to: Metro Counties of Illinois
c/o Scott Christiansen, Secretary/Treasurer
Winnebago County Board Chairman's Office
404 Elm Street, Room 533
Rockford, IL 61101

Thank you for your attention.

Sincerely,

Scott Christiansen
Secretary/Treasurer

101-41-120-3760

2487384

1/10/2006 012

EXECUTIVE-MEMBER DUES 2006

15,750.00

1/25/2006

\$15,750.00

2487384

FIFTEEN THOUSAND, SEVEN HUNDRED FIFTY DOLLARS AND NO CENTS

METRO COUNTIES OF ILLINOIS
WINNEBAGO CO BD CHAIRMAN'S OFF
404 ELM STREET
ROCKFORD IL 61101

2256
Pmt 3

METRO COUNTIES OF ILLINOIS

404 Elm Street
Rockford, IL 61101
Phone: (815) 987-2590
Fax: (815) 987-3111

Suzi Schmidt – President
Lake County

Larry Walsh – Vice President
Will County

Scott Christiansen – Secretary/Treasurer
Winnebago County

January 10, 2006 ✓

Matt Ryan
302 N. Chicago Street
Joliet IL 60432
mryan@willcountyillinois.com

Invoice No.: 012 ✓

Name of County: Will County

✓ Membership Dues for 2006: \$15,750 ✓

Mail Payments to: Metro Counties of Illinois
c/o Scott Christiansen
Secretary/Treasurer
Winnebago County Board Chairman's Office
404 Elm Street
Rockford, IL 61101

Thank you for your attention.

Sincerely,

Scott Christiansen
Secretary/Treasurer

2549711

1/14/2008 012/

MEMBERSHIP DUES 2008-EXECUTIVE

15,750.00

1/23/2008

\$15,750.00

2549711

FIFTEEN THOUSAND, SEVEN HUNDRED FIFTY DOLLARS AND NO CENTS

METRO COUNTIES OF ILL
C/O SCOTT CHRISTIANSEN
WINNEBAGO COUNTY BOARD OFFICE
404 ELM STREET
ROCKFORD

IL 61101

METRO COUNTIES OF ILLINOIS

404 Elm Street, Room 533

Rockford, IL 61101

Phone: (815) 319-4225

Fax: (815) 319-4226

Suzi Schmidt – President
Lake County

✓ Larry Walsh – Vice President
Will County

Scott Christiansen – Secretary/Treasurer
Winnebago County

Mark Kern – Second Vice President
St. Clair County

January 14, 2008

Matt Ryan
302 N. Chicago Street
Joliet IL 60432
mryan@willcountyillinois.com

Sue,

Please pay out of
101-41-120-3760. ✓

Thanks,

Sam Pope
1-14-08

Invoice No.: 012 ✓ ✓

Name of County: Will County

Membership Dues for 2008: \$15,750 ✓

Mail Payments to: Metro Counties of Illinois ✓
c/o Scott H. Christiansen
404 Elm Street, Room 533
Rockford, IL 61101

Thank you for your attention.

Sincerely,

Scott H. Christiansen
Secretary/Treasurer

2461268

2/07/2005 00805

2005 MEMBERSHIP LARRY WALSH/WI

15,750.00

3/09/2005

\$15,750.00

2461268

FIFTEEN THOUSAND, SEVEN HUNDRED FIFTY DOLLARS AND NO CENTS

METRO COUNTIES OF ILL
C/O SCOTT CHRISTIANSEN
WINNEBAGO COUNTY BOARD OFFICE
404 ELM STREET
ROCKFORD

IL 61101

METRO COUNTIES OF ILLINOIS

404 Elm Street

Rockford, IL 61101

Phone: (815) 987-2590

Fax: (815) 987-3111

V.
2256
101-41-120-376

Suzi Schmidt- President
Lake County

Larry Walsh - Vice President
Will County

Scott Christiansen - Secretary/Treasurer
Winnebago County

Mr. Larry Walsh, Will County Executive
302 N. Chicago St.
Joliet, IL 60432

February 7, 2005 ✓

Invoice No: 008 - 05 ✓

Name of County: Will

Membership Dues for 2005 \$15,750

Mail Payments to: Metro Counties of Illinois
C/O: Scott Christiansen
Secretary/Treasurer
Winnebago County Board Chairman's Office
404 Elm Street
Rockford, IL 61101

Thank you for your attention.

Sincerely,



Scott Christiansen
Secretary/Treasurer

2579968

12/03/2008 120-347-1-08 2009 MEMBERSHIP DUES EXECUTI

1,000.00

12/17/2008

\$1,000.00

2579968

ONE THOUSAND DOLLARS AND NO CENTS

UCCI
217 EAST MONROE
SUITE 101
SPRINGFIELD

IL 62701

UNITED COUNTIES COUNCIL OF ILLINOIS

W. MICHAEL MCCREERY, EXECUTIVE DIRECTOR

OFFICERS:

PRESIDENT

DAVID MEYER

VICE PRESIDENT

ROBERT DURBIN

SECRETARY

DAVID ZIMMERMAN

TREASURER

TONY ARDUINI

EXECUTIVE COMMITTEE:

CLARK
LEROY INGRUM

MASON
JAMES GRIFFIN

MONTGOMERY
ROBERT DURBIN

STEPHENSON
MARK McLEROY

TAZEWELL
DAVID ZIMMERMAN

WASHINGTON
DAVID MEYER

WHITESIDE
TONY ARDUINI

December 3, 2008 ✓

FIRST NOTICE

To: Will County Board
Attention Board Chairman

SUBJECT: 2009 dues

In accordance to UCCI Board policy and procedures, your 2009 dues are as follows:

Total Dues	\$ 5,000.00
Less ICRMT Contribution	\$ 4,000.00
Will County contribution for voting member status	\$ 1,000.00
Total due	\$ 1,000.00 *

Please note that your voting member dues are payable January 1, 2009

* A 25% refund will be provided if your payment is received by February 15, 2009

2517848

11/20/2006 120-339-1-06 LARRY WALSH DUES-EXECUTIVE

500.00

12/20/2006

\$500.00

2517848

FIVE HUNDRED DOLLARS AND NO CENTS

UCCI
217 EAST MONROE
SUITE 101
SPRINGFIELD

IL 62701

UNITED COUNTIES COUNCIL OF ILLINOIS

W. MICHAEL McCREERY, EXECUTIVE DIRECTOR

OFFICERS:

PRESIDENT

DAVID MEYER

VICE PRESIDENT

ROBERT DURBIN

SECRETARY

DAVID ZIMMERMAN

TREASURER

TONY ARDUINI

EXECUTIVE COMMITTEE:

MASON

JAMES GRIFFIN

MONTGOMERY

ROBERT DURBIN

STEPHENSON

MARK McLEROY

TAZEWELL

DAVID ZIMMERMAN

WASHINGTON

DAVID MEYER

WHITESIDE

TONY ARDUINI

WOODFORD

JAMES BOOTH

November 20, 2006

FIRST NOTICE

To: Will County Board
Attention Board Chairman

SUBJECT: 2007 dues

In accordance to UCCI Board policy and procedures, your 2007 dues are as follows:

Total Due	\$ 5,000.00
Less ICRMT Contribution	\$ 4,000.00
Will County contribution for voting member status	\$ 1,000.00
Less 50% discount for first-time member	\$ 500.00
Total due	\$ 500.00 *

Please note that your voting member dues are payable January 1, 2007

* A 25% refund will be provided if your dues are received by February 15, 2007

2611028

10/13/2009 1303

2010DUES*CO BOARD

2,400.00

12/22/2009

\$2,400.00

2611028

TWO THOUSAND, FOUR HUNDRED DOLLARS AND NO CENTS

IL ASSOC OF CTY BOARD MEMBERS
413 WEST MONROE STREET
SPRINGFIELD IL 62704

Illinois Assoc. of County Board Members

413 West Monroe
Springfield, IL 62704

Invoice

Date	Invoice #
10/13/2009 ✓	1303 ✓

Bill To
Will County Board James Moustis, Chairman Will County Office Building 302 N. Chicago Street Joliet, IL 60432

P.O. No.	Terms	Project
	Net 60	

Quantity	Description	Rate	Amount
1 ✓	2010 Membership Dues	2,400.00	2,400.00 ✓
Please remit to above address. Thank you. Questions? Call 217-528-5331 or e-mail iacbm@msn.com		Total	\$2,400.00

2580174

10/15/2008 1121

2009 MEMBERSHIP/COUNTY BOARD

2,400.00

12/24/2008

\$2,400.00

2580174

TWO THOUSAND, FOUR HUNDRED DOLLARS AND NO CENTS

IL ASSOC OF CTY BOARD MEMBERS
413 WEST MONROE STREET
SPRINGFIELD IL 62704

Illinois Assoc. of County Board Members

413 West Monroe
Springfield, IL 62704

Invoice

Date	Invoice #
10/15/2008	1121

Bill To
Will County Board Will County Office Building 302 N. Chicago Street Joliet, IL 60432

P.O. No.	Terms	Project
	Net 60	

Quantity	Description	Rate	Amount
1	2009 Membership Dues	2,400.00	2,400.00
Please remit to above address. Thank you. Questions? Call 217-528-5331 or e-mail iacbm@msn.com		Total	\$2,400.00

2547972

10/31/2007 936

2008 MEMBERSHIP-COUNTY BOARD

2,400.00

12/27/2007

\$2,400.00

2547972

TWO THOUSAND, FOUR HUNDRED DOLLARS AND NO CENTS

IL ASSOC OF CTY BOARD MEMBERS
413 WEST MONROE STREET
SPRINGFIELD IL 62704

Illinois Assoc. of County Board Members

413 West Monroe
Springfield, IL 62704

Invoice

Date	Invoice #
10/31/2007	936

Bill To
Will County Board Will County Office Building 302 N. Chicago Street Joliet, IL 60432

pay 08

P.O. No.	Terms	Project
	Net 60	

Quantity	Description	Rate	Amount
	2008 Membership Dues	2,400.00	2,400.00
Please remit to above address. Thank you. Questions? Call 217-528-5331 or e-mail iacbm@msn.com		Total	\$2,400.00

2521820

2/05/2007 101-40-047

ENROLLMENT FEE-CERTIFIED COUNT

25.00

2/21/2007

\$25.00

2521820

TWENTY FIVE DOLLARS AND NO CENTS

IACBMC
234 BEVIER HALL
905 SOUTH GOODWIN
URBANA

IL 61801

Certified County Officials Program Enrollment Form

Name Kathleen Konicki County Will
 Title County Board Member Years in Office 10
 Address 13305 167th Street
 City Homer Glen State IL Zip 60491
 Phone 708/301-7873 E-mail _____
 Signature [Signature] Date 02-05-07

Please complete the enrollment form and return to: Jessica Van Tine, LGIEN Program Coordinator,
 234 Bavier Hall, 905 S. Goodwin, Urbana, IL 61801 or fax 217/244-7877.

PLEASE CHECK ONE

- ☐ Auditor
☐ Assessor
☐ Coroner / ME
☒ County Board Member
☐ County Commissioner
☐ County Clerk
☐ County Executive
☐ County Engineer
☐ Circuit Court Clerk
☐ Recorder
☐ Reg. Superintendent
☐ Sheriff
☐ State's Attorney
☐ Treasurer
☐ Zoning Official



**ILLINOIS ASSOCIATION OF
 COUNTY BOARD MEMBERS AND
 COMMISSIONERS**

Kelly Murray, Executive Director
 413 West Monroe
 Springfield, Illinois 62704
 (217) 528-5331 • kadem@iaca.com
 www.iacaill.org

It is the mission of the Illinois Association of County Board Members and Commissioners (IACBMC) to enhance the stature, role and responsiveness of county government in the state of Illinois. IACBMC provides educational opportunities for elected officials and county employees through collaboration with private and public educational resources.



Jeff Marziani, Extension Specialist
 234 Bavier Hall - 905 S. Goodwin
 Urbana, Illinois 61801
 (217) 244-2850 • jmarziani@uiuc.edu
 www.extension.uiuc.edu

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Questions?

Contact Jessica Van Tine at 217/244-3735
 or e-mail jtinevan@uiuc.edu

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*Certified
 County Officials
 Program*

*To: Melissa
 217-244-3735
 234 Bavier Hall
 Urbana, IL 61801
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A program of the
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10/16/2006 780

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413 West Monroe
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Date	Invoice #
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